

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 000283	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 11/08/2012
NAME OF PROVIDER OR SUPPLIER LUTHERAN LIFE VILLAGES		STREET ADDRESS, CITY, STATE, ZIP CODE 6701 S ANTHONY BLVD FORT WAYNE, IN 46816		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
K 000	<p>INITIAL COMMENTS</p> <p>A Quality Assurance Walk-thru Survey was conducted by the Indiana State Department of Health.</p> <p>Survey Date: 11/08/12</p> <p>Facility Number: 000283 Provider Number: 155586 AIM Number: 100275020</p> <p>Surveyor: Joe L. Brown, Jr., Life Safety Code Specialist</p> <p>At this Quality Assurance Walk-thru survey, Lutheran Life Villages was found in compliance with 410 IAC 16.2-3.1-19(ff).</p> <p>The main building is a three story building with a basement determined to be of Type I (332) construction and is fully sprinklered. The main building has a fire alarm system with smoke detection in corridors; areas open to the corridors and hard wired smoke detectors in all of the resident rooms. The Health and Rehabilitation building is a one story building of Type I (332) construction and was fully sprinklered. The Health and Rehabilitation building has a fire alarm system with smoke detection in the corridors, areas open to the corridors and single station battery operated smoke detectors in the resident rooms. Single station battery operated smoke detectors have been installed in the Peerage wing resident rooms 321 to 355 and 358 to 364 which are occupied as well as in the AB extended wing and the Phrenic wing which have been closed for ten years. The facility has a capacity of 264 and had a census of 131 at the time of this survey.</p> <p>The facility was found in compliance with state</p>	K 000		

Indiana State Department of Health

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

R7N421

If continuation sheet 1 of 2

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K 000	Continued From page 1 law in regard to sprinkler coverage and smoke detector coverage. All areas where residents have customary access were sprinklered, except the canopy at the main entrance which was concrete. All areas providing facility services were sprinklered. Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 11/20/12.	K 000			